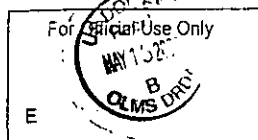


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2799	2. Fiscal Year Covered From: 12/1/2004 Through: 12/31/2005
3. Name and address of person filing. Name Jane U Loe P.O. Box, Bldg., Room No., if any Street 8009 Sandy Ridge Ct City Fairfax State Virginia ZIP Code + 4 22031	4. Name, file number, and address of labor organization. Name American Federation of TV & Radio Artists Labor Organization File Number 049-012 P.O. Box, Building and Room Number, if any Suite 204 Street 4340 East West Highway City Bethesda State Maryland ZIP Code + 4 20814-4467
5. Position in labor organization. Assistant Executive Director, Washington, Baltimore Local	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Talent Paymaster, Inc. Trade Name, if any: TPM, Inc. P.O. Box, Bldg., Room No., if any Suite 105 East Street 7315 Wisconsin Avenue City Bethesda State Maryland ZIP Code + 4 20814	7.a. Nature of Interest, Transaction, or Income. Holiday Fruit basket 7.b. Amount. \$40.00

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

[Signature]

On

5/8/06

Date

(301)657-2560x229

Telephone Number